

Ministry of Long-Term Care

Long-Term Care Operations Division
Long-Term Care Inspections Branch

London District

130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

Public Report

Report Issue Date: March 13, 2025

Inspection Number: 2025-1465-0001

Inspection Type:

Complaint

Critical Incident

Licensee: Schlegel Villages Inc.

Long Term Care Home and City: The Village of Aspen Lake, Windsor

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): February 20, 21, 24, 25, 26, 27, 2025 and March 3, 4, 5, 6, 7, 10, 11, 12, 2025

The inspection occurred offsite on the following date(s): February 28, 2025 and March 13, 2025

The following intake(s) were inspected:

- Concerns regarding bill of rights, plan of care, medication drug regime for resident.
- Concerns regarding continence care and bowel management for resident.
- Concerns regarding plan of care and alleged verbal abuse by staff.
- CI#3037-000014-25 - Enteric outbreak.
- Concerns regarding roommate and staff.
- Concerns regarding alleged resident to resident verbal abuse.
- CI#3037-000021-25 - Alleged neglect to resident.

The following **Inspection Protocols** were used during this inspection:

Skin and Wound Prevention and Management
Continence Care

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Medication Management
Infection Prevention and Control
Prevention of Abuse and Neglect
Reporting and Complaints

INSPECTION RESULTS

WRITTEN NOTIFICATION: Skin and Wound Care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (iv)

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,

(iv) is reassessed at least weekly by an authorized person described in subsection (2.1), if clinically indicated;

The licensee failed to ensure that the resident's moisture associated skin damage(MASD) was assessed weekly.

During a record review it was noted that the resident was documented to have MASD that required treatment and was initially assessed. The wound was not assessed weekly.

Sources: Skin and Wound assessments, interview with staff.

WRITTEN NOTIFICATION: Continence care and bowel management

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NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 56 (2) (b)

Continence care and bowel management

s. 56 (2) Every licensee of a long-term care home shall ensure that,

(b) each resident who is incontinent has an individualized plan, as part of their plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented;

The licensee failed to ensure that the individualized continence plan for a resident, was implemented when the resident was not provided with supportive interventions to promote comfort and dignity with continence needs.

During an observation the resident was not provided with assistance from staff for toileting over a period of time greater than two hours. The resident was not provided with the appropriate incontinence product as indicated in the resident's care plan.

Sources: Observation; interview with staff; support action record and care plan.

**WRITTEN NOTIFICATION: Infection Prevention and Control
Program**

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee has failed to ensure that a standard issued by the Director with respect

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to infection prevention and control was complied with.

In accordance with additional requirement 9.1 (f) under the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes (revised September 2023), the licensee failed to ensure that personal protective equipment (PPE) was properly disposed of, specifically when PPE disposal bins were not available in resident rooms that required additional precautions.

Sources: Observations, interview with staff.

WRITTEN NOTIFICATION: Administration of Drugs

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 140 (2)

Administration of drugs

s. 140 (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 246/22, s. 140 (2).

The licensee failed to ensure that a resident received a prescribed medication twice daily as ordered by the prescriber.

The licensee completed a Medication Incident Report (MIR) for a resident as they did not receive their prescribed medication twice daily as ordered.

Sources: Medication Incident Report, investigation notes, interview with staff.

WRITTEN NOTIFICATION: Resident Records

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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Non-compliance with: O. Reg. 246/22, s. 274 (b)

Resident records

s. 274. Every licensee of a long-term care home shall ensure that,
(b) the resident's written record is kept up to date at all times.

The licensee failed to ensure a resident's records were kept up to date when staff signed for treatments and assessments not provided and progress notes were not recorded.

A Resident's treatment administration record (TAR) was not kept up to date, when over a period of time, entries were documented as completed and the treatment was not completed. Staff completed Point of Care documentation that was not completed and a progress note was not recorded following a voiced concern from the resident's Guardian.

Sources: Resident's medical records; staff interview.

COMPLIANCE ORDER CO #001 Housekeeping

NC #006 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 93 (2) (b) (ii)

Housekeeping

s. 93 (2) As part of the organized program of housekeeping under clause 19 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,

(b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:

(ii) supplies and devices, including personal assistance services devices, assistive aids and positioning aids, and

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**The inspector is ordering the licensee to comply with a Compliance Order
[FLTCA, 2021, s. 155 (1) (a)]:**

Specifically, the licensee shall:

- a) The home will develop a list of the Mechanical lifts used in the home with the corresponding home area and the name of the lift.
- b) Develop and implement a procedure for the cleaning and disinfecting of mechanical lifts, referencing the manufacturer's recommendations for cleaning and disinfecting.
- c) Review and revise the policy "Lift/Sling Disinfecting policy", as necessary, to provide clear direction to the individual responsible for cleaning and disinfecting, on the timing, required products and the indications for cleaning and disinfecting the mechanical lifts while referencing the manufacturers recommendations for cleaning and disinfecting.
- d) Develop and implement a procedure and training that allows staff to identify that equipment used between residents has been cleaned and disinfected.
- e) Develop a plan to train the staff who are responsible for the use and care of the mechanical lifts on new procedures and revised policy as a result of this order. A sign off record will be kept which includes the required staff names, with a date and signature line for attesting that they have understood the update procedures and revised policy.
- f) Develop an audit tool/checklist that is completed by the IPAC lead on a weekly basis for four weeks that includes but is not limited to reviewing how staff are complying with the procedures for cleaning and disinfecting mechanical lifts used for a resident or between residents. The audit shall include the date of the audit,

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home area and any follow up action, if required. The audit shall be made available for review during subsequent inspections.

A written record must be kept of everything required under (A), (B), (C), (D), (E), and (F) until the Ministry of Long-Term Care has determined the licensee has complied with this order.

Grounds

The licensee has failed to ensure that, as part of the organized program of housekeeping under clause 19 (1) (a) of the Act, procedures are developed and implemented for cleaning and disinfection of the following, in accordance with manufacturer's specifications and using, at a minimum, a low-level disinfectant. This must be done in accordance with evidence-based practices or, if such practices are not available, in accordance with prevailing practices.

During a tour of the home nine mechanical lifts were noted to be unclean. The mechanical lifts had varying degrees of unclean areas. Two mechanical lifts were discovered to have a dried brown substance on them while the remaining seven were observed to have hair, dust, crumbs and dried spilled liquid on them.

The home did not have mechanical lifts included in any cleaning routines for personal support workers (PSW) or housekeepers.

Sources: Observation, lift cleaning policy, cleaning routines, interview with staff.

This order must be complied with by May 30, 2025

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REVIEW/APPEAL INFORMATION

TAKE NOTICE The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

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If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor

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Director

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Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.